

CERTIFICATE OF REQUEST FOR ANATOMICAL GIFT

Hospital Name: _____ Patient Name Plate: _____

_____ Address _____ City _____ State _____ Zip _____

SECTION A (Complete This Section On All Deaths)

In compliance with the Health Care Financing Administration (HCFA), 42 C.F.R. §482, a referral was made upon the death of the decedent named herein by _____ to the designated organ procurement organization (OPO).

Name of Decedent: _____ Medical Record #: _____ Referral #: _____

Deferred by OPO, Tissue Bank or Eye Bank: _____ No _____ Yes If Yes, Reason: _____

If Deferred by OPO, Tissue Bank or Eye Bank then complete date, time and Requesting Party information in Section D.

SECTION B (Complete Section Only If Eligible For Donation)

Name of Requested Party: _____ Relationship to Decedent: _____ Phone: _____

Name of Requesting Party: _____ Affiliation: _____

Response to Gift Request: _____ Request Granted _____ Request Refused _____ Deferred to OPO _____

Method of Contact for Request: _____ In Person _____ Telephone _____ Telegraphic _____ Other _____

Witness Name (if not in person): _____ Witness Affiliation: _____

Witness Address: _____ Witness Signature: _____

SECTION C (Complete Only If Request Is Granted)

In the hope that others may benefit, I, the undersigned as the lawfully requested party, do hereby consent to and authorize this anatomical gift from the body of _____ as follows:

ORGANS:

_____ Heart _____ Liver _____ Kidneys _____ Intestines _____ Pancreas
_____ Heart Valves _____ Lungs _____ All Organs _____ Other * (See Limitations or Special Wishes)

TISSUES:

_____ Corneas _____ Epidermis _____ Bone _____ Ribs (Alternating) _____ Vertebral Bodies
_____ Eyes _____ Connective Tissue _____ Arm Bones _____ Scapula _____ Long Leg Bones
_____ All Tissue _____ Saphenous Veins _____ Femoral Artery/Vein _____ Pelvic Bone _____ Mandible
_____ Other * (See Limitations and Special Wishes)

RESEARCH: The above anatomical gift is authorized for use in the diagnosis, treatment and cure of disease. _____ Yes _____ No

LIMITATIONS OR SPECIAL WISHES: _____

By signing this certificate, I, the undersigned as the lawfully requested party, expressly acknowledge that certain testing and laboratory studies are required to insure the above organs and tissues are viable and suitable for the intended purpose. By consenting to and authorizing this anatomical gift, I expressly authorize the taking of any tissue or blood samples and the testing of any tissue or blood sample for communicable and venereal diseases including, but not limited to, Hepatitis, Syphilis and Human Immunodeficiency Virus (HIV) and any other test which may be deemed necessary by the OPO, Tissue Bank or Eye Bank. I further consent to and authorize the release of any and all medical records of the decedent, whether now existing or hereafter created, to such organizations and to any individual which may be involved in any manner whatsoever in the procurement, testing, processing, allocation or transplantation of the above organs or tissues. I understand that all costs associated with this anatomical gift will be paid by the procuring party, and I expressly state this anatomical gift is motivated exclusively by humanitarian interests only without any expectation of compensation of any kind. In consideration of compliance with my wishes described in this certificate, I hereby release all parties including, but not limited to the hospital, OPO, Tissue Bank and Eye Bank and their respective directors, officers, employees, agents and designees, from any and all liability or responsibility of any nature whatsoever in connection with any procedure performed in conjunction with this anatomical gift.

SECTION D (Complete This Section On All Deaths)

Name of Requested Party: _____ Date: ____/____/____

Address: _____ Time of Request: _____

City, State, Zip: _____ Home Phone: _____

Signature: _____ Witness: _____ Witness: _____

I, the undersigned requesting party, am an organ procurement representative or a designated requestor of the organ procurement organization duly designated for the State of Oklahoma under the HCFA, C.F.R. §486 (1997). I certify that I have made the request of this anatomical gift and completed this certificate in compliance with the HCFA 42 C.F.R §482 (1998) and the OKLAHOMA UNIFORM ANATOMICAL GIFT ACT, 63 O.S. Section 2201, et. seq.

Name of Requesting Party: _____ Signature: _____

Funeral Home: _____ Phone: _____ Consent to Transport for Tissue: _____ Yes _____ No